

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2015
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NAME OF PROVIDER OR SUPPLIER SUNSET REHABILITATION & HLTH C	STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE CANTON, IL 61520
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure survey 300.696 A) C) 2.) 7.) 300.2100 Licensure survey for Subpart S: SMI--Sunset Rehabilitation and Healthcare Center is in compliance with 77 Illinois Administrative Code 300.4000 for this survey.	S 000		
S9999	Final Observations Statement of Licensure Violations 300.696 a)c)2)7) Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340): 2) Guideline for Hand Hygiene in Health-Care Settings	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>7) Guideline for Infection Control in Health Care Personnel</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to follow their policy on hand washing during perineal care for one of four residents (R2) requiring assistance with bowel and bladder in a sample of seven.</p> <p>The facility policy titled "Handwashing " , revised 12/08, includes the following: Policy: All staff will wash hands as promptly and thoroughly as possible after resident contact and after contact with blood, body fluids, secretions, excretions and equipment or articles contaminated by them is an important component of the infection control and isolation precautions. Facility policy titled, " Perineal Cleansing " revised 9/21/10, includes the following: POLICY; To eliminate odor; to prevent irritation or infection and to enhance resident ' s self-esteem. " Procedure: Female without catheter. #11 Wash perineal area. #13 Rinse cloth and entire area. #14 Dry area thoroughly. #15 Remove gloves and wash hands with soap and water or cleansing gel. "</p> <p>During tour of the facility on 6/23/15 at 9:30 am, R2 ' s door was noted to have a sign posted, " See Nurse before entering " At that time, E6 (CNA/Certified Nurse Aide) stated, "It is for MRSA (Methicillin-Resistant Staphylococcus aureus) in the wound."</p> <p>On 6/23/15 at 1:15pm E6 (CNA) did perineal care for R2. E6 completed washing and drying of</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R2 ' s perineal area. E6 ' s removed the gloves. Without washing hands, E6 then picked up R2's water pitcher and held it for R2 to take a drink. E6 did not wash hands or use alcohol.</p> <p>E6 stated on 6/24/15 at 9:05 am regarding R2 ' s care, " I was nervous when I did (R2 ' s) care. I should have washed my hands after removing my gloves. "</p> <p>(B) Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750). This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure proper hand hygiene upon entering the kitchen which has the potential to affect all 99 residents who live in the facility. Findings include: On 6/24/15 at 11:20 a.m., E8 (Dietary Cook) and E9 (Dietary Aide) took food transportation carts to satellite dining rooms. Upon returning to the kitchen three minutes later, E9 resumed food service tray line tasks without washing E9 ' s hands. E8 entered the kitchen immediately after E9, and without washing hands, walked over to the range to stir and take the temperature of mashed potatoes cooking on the range. E8 then carried the pan of mashed potatoes to the holding table, scooped the potatoes into the pan already on the holding table, and took the pan back into the dishwashing area. E8 returned to the holding table to begin plating resident food without washing E8's hands. On 6/24/15 at 11:50 a.m., E4 (Foodservice Supervisor) statedth that upon returning to the</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>kitchen both employees should have washed their hands prior to starting another task. At that time, E4 also stated they follow the State Agency Sanitation Code regarding hand washing. The State Agency Foodservice Sanitation Code (dated 7/2008) directs food service employees to wash hands "During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks ...after engaging in other activities that contaminate the hands. "</p> <p>The facility Resident Room Rooster, given by E1 (Administrator) on 6/23/15, documents 99 residents live in the facility.</p> <p>(B)</p>	S9999		